# MCG Today

Medical College of Georgia, Fall 1979 Vol. 8, No. 3

## Sickle cell research at MCG

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## BEHIND THE LINES

It was a rich experience visiting with "Miss Lillian" Carter and hearing her presentation at the Faculty Wives Club Meeting on campus September 12, 1979. "Miss Lillian" is truly a remarkable woman. It was also good to have Dr. "Bud" Robinson, '38, physician to the President's family and a member of the University System of Georgia Board of Regents and his wife, Betty, who is also a med tech graduate of MCG here for the day. This issue contains a much deserved tribute to this outstanding alumnus who means so much to this Institution.

Please circle in red the dates May 8-9, 1980 on your calendar for the Alumni Homecoming. This issue will also give more information about the special activities planned. Dr. Calvin Jackson, '45, is doing a fine job as President of the School of Medicine Alumni Association this year. You will enjoy reading about him.

We are very pleased at the progress being made by Larry Christensen and his staff regarding alumni record keeping, establishing fine procedures in the gift receiving office, and general promotion of the Annual Giving Program through the leadership clubs and annual giving clubs. Gratitude is expressed to the School of Medicine Alumni Association and to the MCG Foundation for providing one-half of the salary needed to fund a position in the Division of Systems and Computer Services for a programmer to assist Institutional Relations in developing programs which will ultimately enable us to merge data processing with word processing and help us greatly in alumni record keeping and in the financial record system.

J.C.A.

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## CONTENTS:

MCG's Sickle Cell Center . . . . . 2
Physician to the President's family . . . 8
Students provide health care
for rural Georgians . . . . . 9
Progress follows programmer . . . . . .11
He still makes housecalls. . . . . .12

## COVER:

Cord blood hemoglobin from newborn babies with the unidentified variant being freeze-dried prior to further analyses.

# MCG's Sickle Cell Center

by Phil Scroggs

It is not contagious — and yet it can be "spread" through genetic inheritance.

Pains, weakness, fatigue sometimes cause it to be mistaken for other diseases — but there is no known medical cure.

That is the nature of sickle cell anemia, an inherited blood malady which occupies one of the largest research, education, and care programs at the Medical College of Georgia.

Even after years of media coverage and educational efforts, it's still misunderstood.

"They talk of a kind of leukemia, which is one of the worst mistakes," says Dr. Titus H. J. Huisman, the international authority on hemoglobin who heads the MCG Comprehensive Sickle Cell Center.

In fact, sickle cells in the body are not "caught" like a disease germ, nor do they develop along in years like a cancer. They can only be in individuals who have received the sickle cell genes from their parents. The anemia must come from genes of both parents.

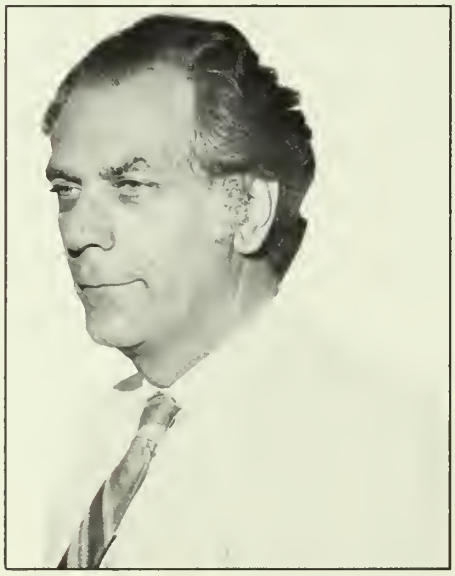
Two normal parents will never produce offspring with sickle trait or anemia. Where one parent has sickle cell trait, the chances for normal children and for those with sickle cell trait are two in four — 50 percent.

When both parents have sickle cell trait, there is a 25 percent chance for a normal child; 50 percent chance of sickle cell trait offspring; and 25 percent chance of a child with sickle cell anemia, the result of the sickle genes from both parents.

In the United States, sickle cell anemia is principally a disease of blacks — one in 500 newborn blacks have it. But it is found in other racial groups in Arabia, India, Italy, Greece, Turkey, and other countries of southern Europe. In some areas of Africa, the incidence of the sickle cell trait is up to 40 percent of the population; in others, it is non-existent.

Of course, there are other types of inherited disease in other racial groups. Common among Caucasians are cystic fibrosis and phenylketonuria. Jewish people, mainly of east European descent, have the Tay-Sachs Syndrome, among other inherited illnesses. Name a specific racial type, and there's probably an inheritable disease associated with it.

Sickle cell hemoglobin has been found to differ from normal adult hemoglobin in only one amino acid out of 287. But when the sickle cell hemoglobin molecule releases its oxygen to the tissues, it can join with another hemoglobin molecule, forcing the red blood cell to take the shape of a sickle — and that's where the trouble begins.



Dr. Titus Huisman

Thanks to the years of continuing research and observation, the management of sickle cell anemia cases continues to improve. Right now, the best treatment available is prevention of the crises associated with the disease.

Bolstered with a five million dollar grant for five years from the Heart, Lung and Blood Division of the National Institutes of Health, Dr. Huisman and his associates are emphasizing five areas of services: education, testing and counseling, clinical services, research, and social services.

Herman F. Harris, a genial, unflappable man with an apparently deep concern for his people, presides at administration of an office which coordinates the multifold activities of the Sickle Cell Center. Out of his office go the educators, counselors, and liaison people who make the program work.

The center was established in 1972 with Dr. Huisman as its director. Dr. Huisman, a tall, intensive Dutchman, is deeply involved in the complex research as well as maintaining concern about the ancillary aspects of the program. He has published more than 350 scientific papers, and many of these, of course, deal with abnormal hemoglobins, such as sickle cell hemoglobin.

There is a family aspect here. Dr. Huisman's wife, Truus, trained as a social worker in The Netherlands; is interested in the Nancy Cobb House; and is a member of the Sickle Cell Center advisory board.

"Right hand" to Huisman is Ruth N. Wrightstone, the learned lady who heads the International Hemoglobin Information Center and edits the Center's newsletter, SPHERE. Her small office in the prefabricated building the Center occupies contains within its files the world's most comprehensive collection of data on hemoglobin. To this office come queries from scientists and medical centers throughout the globe. To keep these data current, Miss Wrightstone constantly reviews medical and scientific periodicals, papers, and other pertinent communications. To beg the cliche, the world beats a path to her door for the facts it needs on blood.

The pediatric clinic, directed by Dr. Cigdem Altay is an integral part of the overall program. Patients are referred by private physicians or public health nurses. The clinic is presently attempting to see all sickle cell children every four to six weeks until they are two years old. When they are doing well, they are seen every three months until age eight, then every four months thereafter.

Dr. Paul Milner is the director of the

adult clinical services. Patients are seen regularly, usually every three months, but more frequently when a closer follow-up is indicated. All patients are registered as outpatients of Talmadge Memorial Hospital.

The clinic located on Laney-Walker Boulevard houses a nurse's station, an education room with audiovisual equipment and literature, an office for the medical social worker, offices for attending physicians and examination and treatment rooms. Clinic facilities are available for treating leg ulcers, giving IV fluids and blood transfusions.

A block west of the Medical College campus and adjacent to the adult clinic is an old, but well kept, two-story house. It is indistinguishable from many a similar dwelling of nondescript architecture, but the concrete ramp beside the entrance steps is a clue. This is the Nancy Cobb House.

The Cobb House, named in honor of Mrs. Nancy Cobb Young, is operated with voluntary contributions. Mrs. Young was a member of one of the first sickle cell families studied by the late Dr. Virgil P. Sydenstricker, for whom the newest wing of Talmadge Hospital is named. The house was opened in 1973 to house sickle cell patients making overnight visits to MCG clinics. Now, however, it is also open to other types of patients needing overnight lodging.

The Nancy Cobb House maintains a "full house" virtually all of the time, with an average of 50 patients a month.

Committed to education as one of the five fundamental programs in its mission, the Sickle Cell Center sends trained personnel to enlighten the patient and family, the physician and medical student, the social worker and nurse — the whole spectrum of community concern.

Bob Abraham, Community Project Coordinator, sees it as an opportunity to involve citizens — the physician as well as layman — in the overall program. "We have maintained from the very beginning," he says, "that the community benefits most from that approach which places most emphasis on providing education to interested citizens."

And so, organized by Abraham, teams have visited more than 50 counties in Georgia — particularly those of the East Central Georgia Health District — and many in South Carolina, bringing the authoritative word on sickle cell and how it's being dealt with. In every visit, citizens are given the opportunity to request testing and other services. When testing for hemoglobin types is requested, the Sickle Cell Center sends a team later for taking blood samples. The samples are returned to the Center for analysis by the laboratory staff.

Above: Ruth Wrightstone and Herman F. Harris planning a future seminar on sickle cell anemia and other hemoglobinopathies.

Below: The Nancy Cobb House acts as a home away from home for patients and their families attending the Sickle Cell Center Clinics.

Results of the analysis on community disclosed only to the individuals who consented to take the tests. Letters notify individuals that counselors will be on campus at a pre-determined date to discuss the results, which "are never shared with friends, school officials or employers."

Suppose a high school student or someone in a community visited by the team learns of an indicated abnormality? The results might indicate a nutritional anemia — or sickle cell anemia. The person will be invited to an evaluation by doctors in a sickle cell outpatient clinic. And, if requested, such results are passed on to the primary care physician of that patient.

The educational program in area schools began in 1972, when Abraham's team singled out A. R. Johnson, Lucy Laney, T. W. Josey and Richmond Academy high schools for the first visits. The initial step was a letter to each of the

Johnson parents explaining the proposed testing. More than 200 samples were taken, and those with "regular" results were notified by mail (to the parents), while quiet visits were made to those whose tests indicated hemoglobin irregularities. It was suggested they visit their physicians and the services of the Sickle Cell Center also were available, of course.

Since then, 40,000 students have been tested, Abraham estimates.

It should be emphasized that the program in the high schools always has involved the educational aspect, with talks, films, and other sources of information.

Planned with a similar approach, a project involving Paine College generated excitement at the Sickle Cell Center. A contracted program was held the past two summers in Richmond, Columbia, and Burke counties in Georgia, and Aiken County, South Carolina, wherein Paine students went out with the educational programs to communities and schools. They thus released members of the Sickle Cell Center staff to go to other counties.

Paine College provided summer sessions for a "mini course" in sickle cell and other disorders. The Paine staff was trained by Sickle Cell Center personnel and received lab training there.

Abraham is an Augusta native who received his biology degree at Paine College and did graduate studies in biology at North Carolina Agricultural and Technical University and further studies at the Walter Reed Institute in Washington, D.C. He taught public school six years before joining the Sickle Cell Center with the nucleus group. The teaching experience and biology provide a compatible background for his educational programs for the center.

"A comprehensive sickle cell program," Abraham says, "*must* have an education program."

A vital, significant phase of the Sickle Cell Center's activities is the tutorial program, headed by Herman Harris. One of those who has been deeply involved with it is Mrs. George Jenkins, the wife of the late Raymond Jenkins, an advisory specialist himself. Bringing to the work her large compassion, she offers the sickle cell patients a care the regular school teachers are unable to give.

"The classroom teacher cannot give these sickle cell anemia children the support they need," she says, "for their social growth as well as academic needs." Something a well child would face as almost routine might be a minor problem "which these children would face as a major school crisis" for reasons "other than their physical problems."

Thus, the tutors meet with the individual pupils three or more times a week, providing the reinforcement needed to cope more fully with their lives. The result has been better school attendance, better school performance, and, in general, improved pesonal relations and self-esteem.

This spectrum of programs out of the Comprehensive Sickle Cell Centers finds

Above: Leroy Brisco determines the percentages of different hemoglobins present in a blood sample after separation by column chromatography.

Right: Jean Henson is isolating Hb S from blood by chromatography.

community liaison through the advisory board, composed of community, medical and civic leaders. Arthur Stewart, as chairman, speaks of "the supportive role" of the board. "Our job," he says, "is to make sure these people get out to the community agencies, get out to the churches and other areas of the community needing this type of service."

The advisory board, strictly voluntary, must "advise, not dictate," Stewart emphasizes. "In turn, they keep us informed as to what we can do to assist the Center."

It can be seen that the care for sickle cell anemia families, the patients, and the sickle trait "carriers" covers a wide sphere of medical, educational and social efforts. Indeed, it has been our purpose here to emphasize these over the pure research which goes on at the Medical College of Georgia and the University of South Carolina — as well as laboratories over the world.

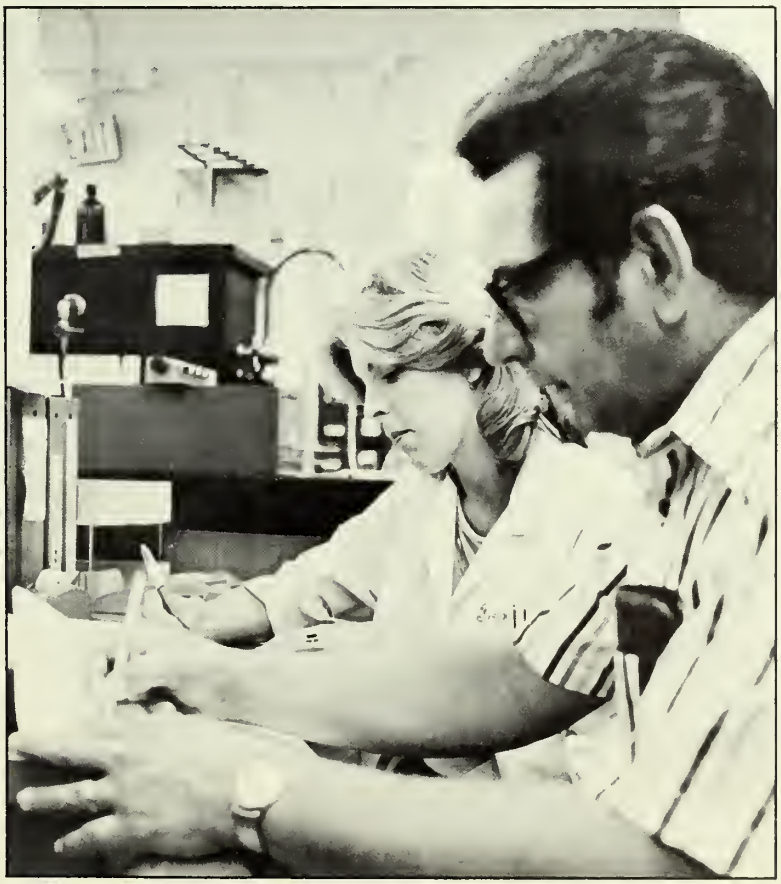
But scores of persons are continuously involved in that research, and some is of a nature to catch the popular fancy, such as that on the white-tail deer.

As long as five years ago a paper was presented on the mechanism of sickling in the red blood cells of the Virginia white-tailed deer. The authors were MCG's S. Wong and Huisman and E. L. Amma and G. D. Sproul of the University of South Carolina at Columbia. Because of the similarity to the sickling in man, the researchers were probing the phenomenon in deer. Another deer study dates back more than a decade.

And last winter two California scientists reported a new prenatal test involving direct analysis of fetal cells obtained by amniocentesis to examine for sickle cell anemia in an unborn child.

Such "breakthroughs" surely are progress. But, to stress again — sickle cell is genetic. There is no prospect of an antibiotic or a conventional medical solution to the problem.

It's in the blood — that is where the mystery is.



Top: Dr. Allen N. Brown examines patient.

Bottom: Marsha E. Gravely and Jerry B. Wilson check data obtained in the laboratory.

## new faces

New faces at MCG include Ed Parker, associate dean for business affairs in the School of Medicine. Parker has been in medical school administration for 11 years and comes to Augusta from the University of Kentucky College of Medicine.

In addition, Delmar Staecker has been named associate director for development, Division of Institutional Relations. Formerly director of development at Faith Lutheran Seminary in Tacoma, Wash., Staecker will work in the area of establishing and directing fund raising for the College from corporation and private foundations.

And Jim Baugh has joined the Physical Plant Division as energy conservation engineer. He is a graduate of North Carolina State University and the University of Maryland.

## director named

Dr. Maurice Levy has been named director of the Division of Educational Research and Development.

Levy received his EdM from the University of Illinois and his EdD from the University of Georgia. He came to the Medical College in 1970, and served for one year as special advisor for the professional education and development branch of the Health Resources Administration.

Dr. Levy serves as consultant to many organizations and is widely published in medical and educational journals.

## faculty members honored

Numerous Medical College faculty have received honors and special recognition in their respective fields. These include:

Dr. Ed Berg, orthopedics, chosen president-elect of the Georgia Rheumatism Society.

E. Olivia Bevis, coordinator of graduate nursing, SAVSAT, selected as School of Nursing's outstanding faculty member.

Julia Crowley, medical technology, elected treasurer of the Georgia Society for Medical Technology.

Dr. Robert Greenblatt, professor emeritus of endocrinology, named honorary president of the Societe de Gynecologie Francaise for 1979.

Dr. Harold Smith, TMH chief of physical therapy, served as national co-chairman for the 55th annual American Physical Therapy Association conference in June.

Dr. J. Graham Smith, chairman of dermatology, elected president of the Society for Investigative Dermatology.

Dr. Bella May, chairwoman of physical therapy, appointed to the American Association of State Colleges and Universities committee to facilitate the entrance of minority students into allied health fields.

Dr. Mary Jo Carter, professor of medicine, received the first Distinguished Alumnus Award of the Alpha Epsilon Delta Pre-medical Honor Society chapter at Baylor University.

Virginia Allen, occupational therapy, elected to the executive committee of the National Spinal Cord Injury Foundation.

And, Dr. Sergio-Bustos-Valdes, coordinator of dental biochemistry, appointed a consultant to the World Health Organization.

## fall enrollment

With classes at MCG now in full session, enrollment figures add up as follows:

The School of Allied Health Sciences has approximately 425 students, while enrollment in the School of Dentistry is estimated at 235. The School of Graduate Studies has about 100 students on its rolls, with Medicine enrolling 737.

Enrollment for the School of Nursing is 320 for the undergraduate program and 120 graduate students.

In addition to the 1,937 students, there are approximately 289 interns and residents at MCG this year.

## Lillian Carter visits campus

Mrs. Lillian Carter visited the MCG campus Sept. 12. Her visit was sponsored by the Faculty Wives Club, who presented her with their first Outstanding Woman in Georgia award.

In addition, the School of Nursing Alumni Association presented her the Phoebe Kandel Rohrer Award. Both organizations recognized Mrs. Carter for her service and dedication to her fellow man.

## professor invited

Dr. J. Robert Teabeaut, II, professor of pathology, recently attended, by invitation, the first award dinner of the Milton Helpern Library of Legal Medicine at the New York Athletic Club. The award was presented to Jack Klugman, "Quincy," for his contributions in portraying to the public a specialized area of a pathologist's work.

## department chairmen announced

Three new department chairmen have been named at the Medical College.

Scott Gregory now chairs radiologic technologies in the School of Allied Health Sciences. For the past three years he has directed radiologic sciences at Quinnipac College, Hamden, Conn.

Dr. E.Mansell Pattison has joined the faculty as chairman of psychiatry, School of Medicine. Pattison has served as acting chairman of the department of psychiatry and human behavior at the University of California, Irvine.

And, Dr. Ralph V. McKinney, Jr. was named chairman of oral pathology, School of Dentistry. A member of the MCG faculty since 1970, McKinney has also taught at Ohio State University, Western Reserve University and the University of Rochester.

Additionally, Dr. Sergio E. Bustos-Valdes was appointed coordinator of dental biochemistry. He came to MCG in 1971, following 13 years' service at the University of Concepcion in Chile.

## professor honored

Dr. William Wege, professor and coordinator of dental radiology received the title "Honorable Fellow," the highest honor given by the Georgia Dental Association.

## minority program

This past summer marked the tenth year MCG has conducted educational enrichment programs for minority and disadvantaged students. In addition to 38 college students and those who have been accepted into MCG programs, 20 high school honor students from throughout the state participated in the program directed by Dr. Thomas McDonald, associate dean for the basic sciences in the School of Medicine.

## Upcoming events of interest to MCG alumni

- Dean's Distinguished Lecture Series, School of Nursing, March 21, 1980, Large Auditorium, 1:30 p.m.: *An Afternoon with Carrie B. Lenburg, R.N. Ed.D., F.A.A.N.* Topic: "Regents External Degrees and Other Nontraditional Educational Approaches."
- Dean's Distinguished Lecture Series, School of Nursing, April 21, 1980, Large Auditorium, 1:30 p.m.: *An Afternoon with Imogene M. King., R.N., Ed.D.* Topic: "Nursing Theory and the Future of Nursing."
- American College of Physicians, April 21-24, 1980, New Orleans.
- American Medical Association, House of Delegates Meeting, December 2-5, 1979. Sheraton-Waikiki Hotel, Honolulu.
- Alumni Reception and Dinner, Medical Association of Georgia, April 25, 1980, Atlanta Hilton, Atlanta.
- MCG Alumni Homecoming, Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing, May 8-9, 1980, Augusta.
- Georgia Society for Medical Technology, May 8-10, 1980, Augusta Hilton and Civic Center, Augusta.
- American Society for Microbiology, Parasitology Workshop, February 15-16, 1980, Medical College of Georgia campus, Department of Medical Technology.
- Laboratory Symposium, Medical Technology, January 17-18, 1980, Atlanta Hilton, Atlanta.
- American Society for Medical Technology, June 22-27, 1980, St. Louis, Missouri.
- Alumni Reception and Dinner, School of Dentistry, Hinman Meeting, March 22-25, 1980, Atlanta.
- Goldstein Lecture, School of Dentistry, May 23-24, 1980, featuring Dr. Morton Amsterdam, Periodontist at the University of Pennsylvania, Philadelphia, to be held in Augusta.

## homecoming 1980

May 8-9 are two very important dates, if you're an MCG alum, for this is when Alumni Homecoming 1980 will be held.

Already the campus is preparing the red carpet, with many of the programs planned from alumni suggestions made after previous homecomings.

Thursday and Friday daytime activities will include lots of free time as well as continuing education courses.

This year, continuing ed sessions will be open not only to alumni, but to all those interested in furthering their education in a particular area. Of course, the Alumni House will remain the point on campus where alumni can meet one another and find out what today's students are doing, begin informal tours of campus, or gain assistance in locating a long-lost class buddy. Current addresses are available by calling the Alumni House, (404) 828-4001.

The annual homecoming banquet is scheduled for Thursday evening and will spotlight individual MCG alumni. The annual student parade is tentatively planned May 9.

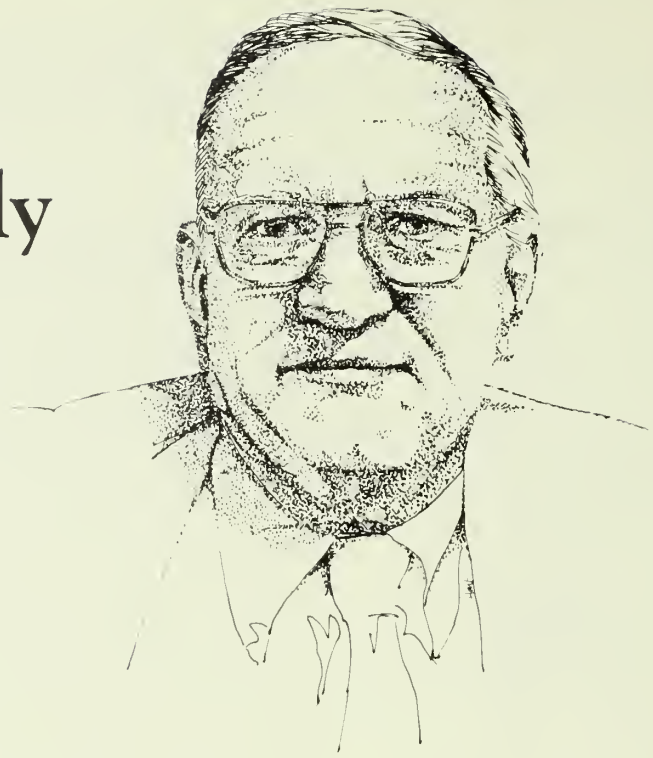
Friday evening has been set aside for reunions among the various classes, schools and departments. Those who are in the classes of '75, '70, '65, '60, '55, '50, '45, '40, '35, '25, '20, '15 or '10 should contact their class leaders or the Alumni House about reunion plans.

## address correction

Would you help the Alumni Association save 25 cents?

You can by making sure the Alumni Affairs Office has your current address. It costs the association 25 cents for mailings that cannot be delivered because of an incorrect address. This expense can be eliminated by sending the office your new address if you should move or if there is any change in your house number, route number or zip code.

# Physician to the President's family



by John Donnelly

Dr. John Robinson III, '38, is casual in his approach to achievements. But his have been many due to his skill as a physician and to his community dedication.

As physician to President Jimmy Carter's family, as a member of the important University System of Georgia Board of Regents, and as a leader in community progress in Americus, Dr. Robinson would seem to have little time for an active practice.

That is far from correct. In addition to his practice in Americus, he is the medical director of the South Georgia Methodist Nursing Home and team doctor for the local high school and a class "D" baseball club.

These many endeavors are all approached with total enthusiasm. "I have tried my best since the day I started working in a hospital," he says.

This attitude has produced many accomplishments in Dr. Robinson's lifetime. For his work with local high school athletes, he was named to the Georgia Athletic Hall of Fame for his service to sports. When Americus High School built a new football stadium and track, they dedicated it to Dr. Robinson and to the Americus football coach.

In community service, he served two terms on the Americus city council and on the city board of education for an additional 14 years. His interest in education ("In raising three girls, you become involved with education.") prompted some citizens to suggest him for the district three seat on the University System of Georgia Board of Regents. Dr. Robinson has served one term and was recently appointed to another seven years on that board.

His interest in community service springs, he relates, from his days in medical school. "I was a member of the Phi Ro Sigma fraternity and served as the chapter president while in medical school in Augusta. "If I had voted for myself instead of the other man, I would also have been president of the student body," he smiles.

As for his choice of location for his practice, Dr. Robinson recalls he was born not far from Americus, in Montezuma. When he returned from medical school and a stint in the Army during World War II, he realized that for the work he wanted to do, he had to locate in a larger area than Montezuma.

He opened a tumor clinic in Americus, "The first state aid tumor clinic established," he states, and settled into life in the larger town.

Since his return to south Georgia, Dr. Robinson and his wife Betty, herself a medical technologies graduate of MCG, have raised three daughters, two of whom have worked in the science field.

Thinking about modern medicine and the growing need for health care in rural areas, Dr. Robinson offers this opinion: "No matter the size of the town, if four criteria are not met, doctors are not going to come. Those criteria are: one, where the doctor wants to live; two, what are the types of facilities available; three, how much time off are they going to have and four, how profitable is it going to be?"

The Georgia program whereby medical students can finance their education in return for five years service in rural areas draws praise form the physician. "It is a good program and I hope it will be expanded. It is a big factor in introducing students to an atmosphere other than medical school," he states.

There is another aspect of Dr. Robinson's medical career that has brought him national attention for the past two or three years. Since Americus is the nearest large town to the community of Plains, residents of that area come to Americus for medical treatment. Among those who have been patients of Dr. Robinson are the Carters and Smiths who reside there. "I don't treat Jimmy and Rosalyn now, that's done by the White House physician, but I do treat the President's mother and Mrs. Smith, Rosalyn's mother," he says.

He has known and doctored these famous Georgians since he returned to the area and opened his practice. He recalls that one time he was serving on the city board of education at the same time the President was serving on the county board of education.

"When Miss Lillian joined the Peace Corp, I gave her the physical she needed to get in. She was the oldest person ever accepted into the program," Dr. Robinson states. "She is still a remarkable woman."

There have been many changes in the face of medicine since Dr. Robinson graduated from the medical college. "There's so much more to know," he says. But with all the specialization in medicine, Dr. Robinson still has a feel for the small town physician and general practitioner. "I'm sorry everyone in medical school doesn't have to go through a general rotating internship. It would make them better specialists regardless of what field they entered," he states.

# Students help provide health care for rural Georgians

by John Donnelly

The day started with a home visit. The directions said to turn right onto the first dirt road, called Black Log Road, off the highway to Warrenton and go to the second house on the right.

After a false start up a logging road, the team of MCG medical student Kim Thompson and student nutritionist Janet Gerard of Emory found the right house. From the broken timbered front porch three generations of family watched the arrival. Kim got out into the already sticky, hot July Georgia morning and explained to the woman presiding over the siblings that he and Janet were from the Health Fair clinic in Crawfordville and would like to talk with her and her family.

They are invited inside and, sitting in a front room on one of four beds, explain the clinic to the woman and her daughter. They say they have heard about the clinic and are planning to come in that afternoon.

Kim and Janet talk to the people for about 30 minutes, finding out what types of foods the family eats, what medical problems they are having and what medications they are taking. They learn there are 12 people living in the house, ranging from 10 months to 47 years of age. Since they are coming to the clinic in the afternoon, no blood pressures are taken and a talk on proper nutrition is put off until that afternoon at the clinic.

Backing the car out of the dirt driveway, Janet points to a child about four years old on the porch. "I hope they do come in this afternoon, he looks really malnourished," she says.

"That's the problem," Kim says, "you don't know if they are going to show up or if they are just trying to say what they think you want to hear."

The attitudes of Kim and Janet are typical of those held by the 22 member team of the Georgia Student Health Association. For them, the work they did was more than a summer job, more than just gaining experience and learning from doctors. These young people cared about the rural, mostly lower income patients who came to their Free Health Fair clinics.

Following the home visit, Janet and Kim returned to the clinic, held in a high school built before the installation of air conditioning was a common thing, and joined the rest of the students working on various phases of patient screening.

Since they had been in Crawfordville for almost two weeks, there were many people sitting in plastic chairs and on wooden benches waiting to be called. The lab was their first stop and nurses in the program led patients through a series of tests that included blood tests, urinalysis, vision tests, height and weight readings and blood pressure checks.

According to Susan Heath, one of the four nursing students, the nurses also assisted the medical students with physical examinations, taking histories and conducting hearing tests. "All the nursing students this year are rising seniors," she said, "so they had a pretty good idea of what to expect when they signed up for the GSHA."

The spirit of cooperation among the students was reiterated later in the afternoon when most of the nurses and medical students were involved in writing histories on the clinic patients. Walking down the hall, a student did not get too far without having someone else ask, "You busy? Can you take a history?" and the answer was almost always "Sure, where's the patient?"

Serving in an advisory capacity throughout the clinic were physicians who had volunteered time to help,the program. "We are not supposed to conduct physical examinations without the doctor being here," Kim Thompson said. Dr. Sandy Mossbrook of Atlanta was spending time at the clinic that day.

"I believe this experience is a real help to the students," Dr. Mossbrook stated, "they are getting to deal with patients and in addition, they are learning the importance of relying on each other from an interdisciplinary standpoint."

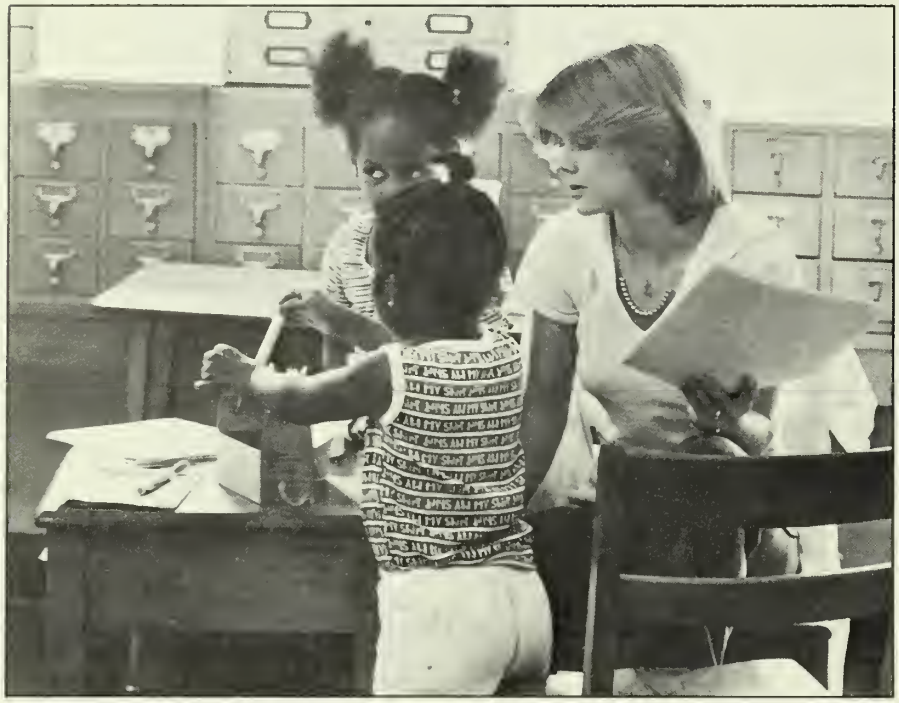
The students came from the Medical College, Emory University and DeKalb Junior College. Among them were medical students, mostly between their freshman and sophomore years, nursing students, mostly entering their senior year, a dentistry student, and a student nutritionist.

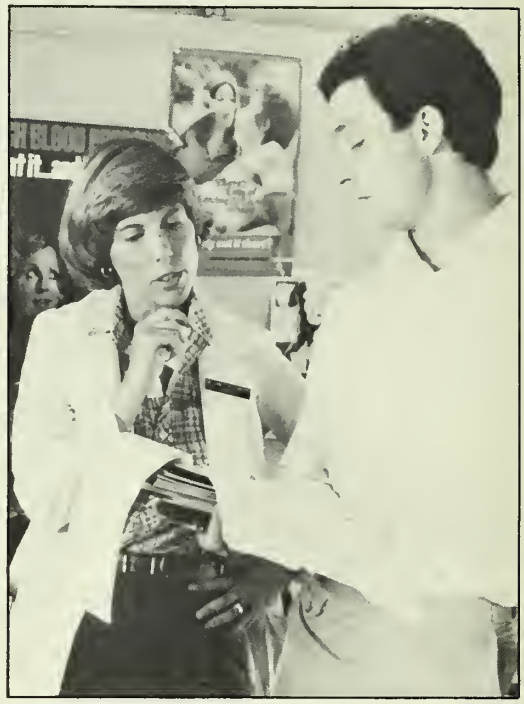
They were chosen to work for the Georgia Student Health Association from a large group of students who volunteered for the eight week program. Most of the students were picked in June, but the community organizers, students who work with the patients like the others once the clinics get underway, were picked beforehand because of the extra work they had to do.

"It is our job, along with the project administrator, to find communities where health care is needed and then approach the community leaders and sell them on supporting the Health Fair," related community organizer and medical student Linda McKibbon. "Once we get the commitment from the community, we have to find people in the community who will house the students and groups that will provide meals. At this stage, we begin doing public relations and promoting the clinic. This job has taught me a lot about politics," she grinned.

With all the radio and newspaper promotions, however, Linda admitted the best way to get people into the clinic was word of mouth. "When we come into a new town, the first days are usually slow. Then, if we are doing a good job, the word gets around and more and more people start coming," she said. "It also helps that we are living in the community because

Left: Kay Clemmons assists patients. Right: Medical student, Kim Thompson, confers with Dr. Sandy Mossbrook.





the people see us around and we are not so much like outsiders after a while."

The drive to interest more and more residents in attending the clinic meant the students also worked toward this goal after they arrived in town. Linda said students spent time going door-to-door telling people about the clinic and its benefits. "In addition to the door-to-door approach, we hold health education meetings for local civic groups, talking about heart disease, hypertension and proper diet. We have held four of them since we came here," she stated.

The students and Dr. Mossbrook agreed that the physical problems they see most in the rural communities are heart disease, hypertension and a lack of good diet. "For some reason, in this area, people are not getting enough iron in their systems," Janet Gerard said. Other problems encountered in the area included hearing loss and dental complaints.

Emory's Mike Herbert, the lone dentistry student in the group, felt the GSHA has helped him a great deal. "I really have learned to work in dentistry," he stated. "I have learned a lot about working with patients, especially with children. This has been a real experience for me because I don't normally deal with kids."

The student dentist did have an assistant, a local high school student who was one of three teenagers from the community hired to help the GSHA members. Mike showed the girl, Kay Clemmons, how to teach patients to brush and floss and better maintain their teeth.

Crawfordville was the third and last stop for the GSHA students this summer. They had spent time in Gibson and Warrenton and went to Atlanta for a week of report writing and summary when they finished in Crawfordville.

The fact that work done by the students was in the rural counties of the state did not come about by accident. According to Dr. Richard Martin of the MCG department of humanities and a member of the Board of Directors of the GSHA, "What we have done is to hopefully introduce these people to rural medicine. We wanted to give them a realistic experience."

The work students do is the main part of the summer program but their work is done with an eye toward a better community understanding of health care and the hope that health care resources can be developed within the community. "One of the things the program does in the community is get the people thinking in terms of having a physician's assistant or a nurse practitioner in the area rather than a physician," Dr. Martin says.

There are twice as many applicants for positions on the team as there are slots available and the program is a strictly voluntary thing for the students, according to Dr. Martin. "There are a lot of students interested in rural health and they know this gives them the opportunity to work with patients and gain experience," he states.

The communities selected by the GSHA are approved on the basis of health needs; the amount of interest in the health fair shown by the community, a student administrator and community organizer investigation of the community and the ability of the community to organize quickly for the program. "The success of the program in a given community depends generally on how well the real leadership of the community is identified and how well the students work with them," Dr. Martin states.

This year, the program had to cut back on its efforts from the previous year. For the past two years, there have been two teams of about 20 students each spending six weeks in rural communities around the state. Because of over 50 percent cutbacks in funding, this year there was only one team which spent two weeks in each community selected. Dr. Martin says funding for the coming year is already being sought and he feels the program will continue to provide both health care to rural Georgians and practical experience to the future doctors, dentists, nurses and allied health professionals who are the backbone of the Georgia Student Health Association.

# Progress follows programmer

In March of 1979 the MCG Division of Systems and Computer Services reassigned one of their most experienced programmers, Mrs. Frankie Reese, to work exclusively on alumni and donor records. This action has already touched the lives of almost every graduate of MCG.

Larry Christensen, who manages the Alumni and Annual Fund section says, "It's as if the best alumni communications we could muster in the past few years, generally speaking, has been a quick 'hello' in passing. Now, with a little automated help, we should be able to sit down and have some detailed conversations with our people. Good records make good friends for MCG among both alumni and the business community."

For many years, communications with graduates and with donors to MCG from the business community have taken a necessary back seat to patient care, student education, and all related activities. Working with very limited resources, the Medical College has had to make some hard decisions in the past.

Leaders of the MCG Foundation, and the leaders of the School of Medicine Alumni Association, recently decided to begin to turn this situation around. In separate meetings on November 12, 1978, at the Peachtree Plaza Hotel in Atlanta, each organization voted to furnish half of the salary and benefits required to employ a Programmer III exclusively to work on alumni and donor records and communication systems. This action had been recommended by Richard M. Bramblett, Ph.D., Assistant Director for Systems Development, and by J. B. Mathews, Ph.D., Director of the Division of Systems and Computer Services.

"I'm grateful," said James Austin, Director of Institutional Relations, "that Frankie is such a competent specialist who has been able to relate so well to our Division. She has not pushed our previous hard work aside, but has carefully built upon it."

For many years MCG alumni and donor records had been stored in relatively inaccessible places, for example, boxes, separated filing cabinets, desk files and log books. In 1976 a concerted effort was begun to gather and consolidate all such records into more manageable systems. Most of the material is currently entered on master file cards or stored alphabetically in three ring binders in the MCG Alumni House. Eventually all such records will be transferred to microfilm, with the most used information directly accessible by computer. Mrs. Reese, under the seasoned guidance of Robert P. Lane, Manager of Management Information Systems (MIS) Development, is working on this last stage of progress, by far the most complicated.

L-R: Robert Lane, Larry Christensen, and Frankie Reese.

Already, Mrs. Reese has brought the biographical entry portion of the system up to University System standards. If a new system is developed, conversion to the new system will be rapid and smooth. The first steps in the massive data entry project are now being taken.

Working in collaboration with Larry Christensen and Robert Lane, and with many others on the MCG campus, Mrs. Reese is formulating a proposal recommending permanent hardware and software acquisitions. Currently she is developing a financial record system for the MCG Gifts Receiving Office. This system will benefit any campus entity receiving contributions of a non-profit nature, including the MCG Foundation.

"Being a mother," said Mrs. Reese, "I compare data processing and word processing systems like this to a washer, dryer, or dishwasher. They allow a good mother or wife to have higher priorities in life, to spend more time with children and husband. Your alumni, and your non-alumni donors, are going to get more attention, and when they have suggestions, you'll have time to consider them."

Before employing a programmer for this system, progress had been measured, and is still somewhat slowed by lack of funds and by lack of manpower. A recent management engineering study by Mrs. Anne Salter of DSCS pointed repeatedly to the need for additional clerical help. Only three MCG employees currently are assigned to the records, which deal with almost 25,000 individuals. Mr. Christensen supervises the work, Mrs. Linda Smith is in charge of biographical and address update, and Mrs. Lynn Sappington is in charge of the MCG Gifts Receiving Office, which includes all financial records for individuals.

"We've learned patience," according to James Austin, "but we know that the work is being accomplished with the highest professionalism. We know that it will benefit MCG in ways we cannot yet imagine, if we do the planning and implementation well. It's worth every penny we've spent."

# He still makes house calls

by Julie Guillebeau

How does a physician choose where to practice? For some it's easy — they're born into it. Such is the case of H. Calvin Jackson, MD, Manchester, Ga.

Today, Dr. Jackson who is president of the School of Medicine Alumni Association, practices in an office that's just 200 feet from where he was born. His father and uncles were Manchester doctors before him, and his son now is completing his residency at the Medical College of Georgia.

Reminiscing about his return to his hometown to practice medicine, Dr. Jackson says, "I felt I had a moral obligation to him (his father), and another thing, I felt that the community was in need of physicians, which they were and still are. The fact the state of Georgia had paid for the better part of my education also was a factor, and I've never regretted it."

It seems that Dr. Jackson isn't the only MCG graduate not to have regretted returning to his hometown. The other Manchester doctors, James Emmett Collins, '53, and James William Smith Jr., '51, also are hometown boys. And while not originally from Manchester, MCG graduates are numerous among the area's physicians. Dr. Andy Wasden, '74, practices in Warm Springs; Drs. William George and Miriam Walker Chambless, both '50, are in Hamilton, and Drs. Mack Harvey and Martha E. Downs Clements, both '66, are in Pine Mountain.

The small town physician, who shows a distinguished amount of gray hair, candidly talks about why it's enjoyable for him to practice in rural Georgia, and perhaps not so for some other physicians.

"I still make house calls, all the doctors here do, particularly to the elderly who can't get around easily. Nowadays they say that it's not practical to make house calls, that a doctor can't carry all he needs in his black bag. Well, that's not true. If you make a house call and don't have what you need, you call an ambulance — most counties have ambulance service."

Dr. Jackson adds that in a small town practice, you never know what's going to walk through the door. "It's kinda scary to some students who've visited me. I tell them I can treat 80 percent of anything that comes in. The good Lord gives you intelligence enough to know what you can and what you can't treat."

And, Dr. Jackson in his more than 30 years of practice has handled some unusual cases. He delivered over 800 babies in his office because there wasn't a hospital close enough. Once he even delivered in the street by the light of a street lamp. When the babies he delivered began having their own babies, he decided he'd delivered enough, and today, obstetrics is not a part of his practice.

"I got a lot of personal pleasure for having a general practice, now they have a fancy name for it, family practice, but you still treat the whole family, regardless of what it's called."

Knowing the whole family, says Dr. Jackson makes his job a whole lot easier, not to mention better for his patients. One of his patients recently sought his advice and possible referral to a psychiatrist, for she just couldn't cope. "I told her she didn't need to see a psychiatrist, 'the only thing I think you need to do is get rid of that sorry damn husband of yours. I think he's your whole problem.' " A few months later, the woman saw Dr. Jackson again, this time with the report that things were much better, for as she explained, she'd taken his advice and it solved all her problems.

Dr. Jackson too, has an answer for many of the oft-asked questions about small town practice. For instance, the situation when the small town doctor is used only after hours or on weekends, while the nearby larger town doctors see the patients routinely.

"That sometimes does happen and it discourages a lot of kids. I had one particular neighbor who took her children to a pediatrician in Newnan, but would call me to see her children on Sundays and Saturday afternoons and at night. One day I was leaving with my boy to go bass fishing and she brought her kid up here. Mrs. So and So, I said, 'it's the same distance to Newnan on Sunday as it is on Thursday or Friday.' "

Recognizing that one just establishing a practice might be less able to handle the situation in just the same manner, Dr. Jackson says that it doesn't take long to know who calls needlessly in the middle of the night, and which patients really understand what an emergency is.

Dr. Jackson also finds the small town suited to him. It affords all the comforts of a small town, and all the conveniences of the big city. "I can go quail hunting or deer hunting or fishing or swimming or play golf, anything I want to within 15 minutes, I don't know many places where you can do that."

He adds that cooperation existing among the physicians practicing in Manchester enhances this aspect of small town practice. They rotate taking call for each other, and are willing to cover for one another when ever possible.

"Another thing, if I want some of this so called stuff that you miss in a small town, I can be in Atlanta in an hour and 30 minutes and I can be in Columbus in 45 minutes."

Dr. Jackson feels that he has practiced in the Golden Era of Medicine and that his son, and the other students now finishing will never experience the freedom of medicine and the freedom of enjoying the practice of medicine as he did, because too many strings are being attached to the profession.

"Government control will take a lot of incentive out of medicine. If you get sick after 5 p.m., call Doctor #124. He may not have ever seen this patient, doesn't know his background or anything. I think the patients aren't going to stand for it, and neither will many of the doctors."

Needless to say, Dr. Jackson doesn't have much use for such government programs as Medicaid. He used to participate, but found that it wasn't beneficial to either himself or his patients.

"They would pay me $4 for an office call, regardless of what I did for the patient, whether I did a complete blood count, or blood sugar or a biochemical profile, or chest x-ray, whatever. Yet, they allow $10 for an office visit in Newnan, La Grange and Columbus. My auditor told me if I didn't collect but one out of four visits, I was still ahead of them, so about four years ago, I told them to take me off their lists. By the way, my auditor was right."

Office hours in a small town vary, patients and their problems vary, and as Dr. Jackson says, you never know what you're going to see next. He recollects the time when an elderly gentleman, age 96, came to his office without an appointment, as do most of his patients. The man sat down to wait his turn. After nearly an hour, the man got up and started for the door, the receptionist told him it was time for him to see Dr. Jackson. The man replied that he thought he'd just come back tomorrow, that he'd been there so long he couldn't remember why he came.

Dr. Jackson may live and work in a small town, but one of his side interests, and responsibilities as he sees it, influences the health of all Georgians. Dr. Jackson serves on and is past chairman of the state scholarship board, which grants scholarships to worthy medical students in return for their service in underserved areas of the state.

"In my opinion there's no shortage of doctors. There's just a heck of a maldistribution of physicians. The only place you have a shortage of doctors is in the rural areas and in the ghettos.

"A big mistake, I think, a lot of these medical students make is they think you can't make a good living in a rural area. You can do as well as you want to do, as well as you have the will power and the determination to do."

He adds that in a small town there are many more compensations besides money.

"I've educated three children, to the post-graduate level, and I still have a 16 year old daughter to educate, but that's no problem here. Another thing, I don't have to worry about my children and such problems as drugs or muggings, or child molesting. You know what your children are doing in a small town.

"It's rewarding in other ways, too, like during harvest time, I don't have to worry about buying any vegetables, peaches, watermelons, tomatoes. So, if I can't collect any money, I know I won't starve."

Of course, Dr. Jackson would like to see more young people take on a small town practice. Those who receive a state scholarship or who have received all of their education from state institutions, he feels have a special obligation. And, he's confident that there will be more physicians meeting the state's underserved needs, if for no other reason that numbers.

"There are so many doctors in the pipeline now, there just won't be enough places in the big cities for them.

Dr. Jackson has a great deal of pride in his practice and the speciality of family practice, admitting that if he had it to do all over again, he'd do the same. He also is pleased to see the resurgence of his type of medicine. "I think family practice is coming back cause you can't have all chiefs and no Indians, you've got to have some Indians out there to do the damn road work."

# Sesquicentennial Endowment Campaign $1,000 donors

June 30th, 1979, marked the last day of the Sesquicentennial Endowment Campaign, but alumni and friends of MCG are continuing to respond to the Annual Fund, to many special projects, and to the continuing need for endowment. Outstanding pledges are being honored at an unusually high rate.

Dr. William H. Moretz, President of the Medical College of Georgia, has expressed thanks to the thousands of people and institutions who helped achieve the goal of $3 million in gifts and pledges. "This support," said Dr. Moretz, "will significantly facilitate our efforts to continue providing educational, research, and health care programs of the finest quality."

Campaign leaders have expressed thanks to all who participated in the Campaign, and publish this list of donors who have given or pledged $1,000 or more to endowment since December 20th, 1973, as a special thank you to these donors:

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Dr. John C. Joiner III
Atlanta, Georgia

Dr. Frank G. Jones
Augusta, Georgia

Dr. John Paul Jones
Macon, Georgia

Dr. Kenneth D. Jones
Augusta, Georgia

Mr. Rudolph W. Jones
Macon, Georgia

Dr. W. Kanter
Savannah, Georgia

Dr. Ferdinand V. King
Macon, Georgia

Mr. Perry Kaye
Miami, Fla.

Dr. G. M. Kelly
Augusta, Georgia

Dr. J. Malcolm Kling
Augusta, Georgia

Dr. Steve Kolas
Augusta, Georgia

Mr. Nathaniel Lande & Andrew
Beverly Hills, Calif.

Dr. & Mrs. J. F. Langsford
Roswell, Georgia

Mrs. L. H. Lassiter
Chattanooga, Tenn.

Dr. H. B. Lee
Decatur, Georgia

Dr. Harold J. Lefkoff
Atlanta, Georgia

Dr. Stanley H. Levine
Atlanta, Georgia

Dr. Jack H. Levy
Augusta, Georgia

Dr. William E. Lotterhos
Birmingham, Alabama

Mrs. Leona Hane Low
Augusta, Georgia

Dr. William J. Lowery
Albany, Georgia

Dr. William H. Lucas
Rome, Georgia

Dr. Malcolm N. Luxemburg
Augusta, Georgia

Dr. James McCranie
Augusta, Georgia

Dr. Martha L. McCranie
Augusta, Georgia

Dr. & Mrs. J. G. McDaniel
Atlanta, Georgia

Dr. J. Zeb McDaniel
Albany, Georgia

Dr. W. L. McDaniel
Dalton, Georgia

Dr. William F. McDavid
Riverdale, Georgia

Dr. Ollie O. McGahee, Jr.
Jesup, Georgia

Dr. Lamar S. McGinnis
Atlanta, Georgia

Dr. W. F. McKemie
Albany, Georgia

Dr. R. L. McKinney
Albany, Georgia

Dr. R. L. McLendon
Albany, Georgia

Dr. C. G. Magnan
Macon, Georgia

Dr. Virendra Mahesh
Augusta, Georgia

Mr. Roy Mallady
Marietta, Georgia

Dr. George R. Maloney
Augusta, Georgia

Dr. Arlie R. Mansberger
Augusta, Georgia

Dr. James E. Marlowe
Dalton, Georgia

Dr. Jessie Marmorston
Los Angeles, California

Dr. Miles H. Mason
Duluth, Georgia

Dr. J. B. Martin
Albany, Georgia

Dr. James B. Mathews
Augusta, Georgia

Dr. R. A. Matthew
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Mr. Grover C. Maxwell
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Mr. Thomas R. Maxwell
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Augusta, Georgia

Mr. Peter M. Menk
Augusta, Georgia

Dr. J. C. Metts
Savannah, Georgia

Dr. Anne Reddick Mitchum
Columbia, S.C.

Dr. William H. Moretz
Augusta, Georgia

Dr. Harvey Morgan
Savannah, Georgia

Ms. Virginia M. Morgan
New Suffolk, New York

Dr. Andrew P. Morley Jr.
Decatur, Georgia

Mr. William S. Morris III
Augusta, Georgia

Dr. W. B. Mullins
Augusta, Georgia

Dr. Jule C. Neal
Macon, Georgia

Dr. Harvey M. Newman III
Gainesville, Georgia

Dr. John S. Newton
Columbus, Georgia

Dr. F. T. Nichols
Savannah, Georgia

Dr. Roger E. Nunn
Augusta, Georgia

Dr. Richard L. Nutt Sr.
Valdosta, Georgia

Dr. John B. O'Neal
Elberton, Georgia

Mr. Nick Pascarella
Augusta, Georgia

Dr. L. B. Peacock
Atlanta, Georgia

Dr. G. H. Perrow
Jasper, Georgia

Dr. Herman Peskin
Augusta, Georgia

Dr. L. B. Pike
Savannah, Georgia

Dr. C. E. Pollock
Washington, Georgia

Dr. Bernard Portman
Savannah, Georgia

Dr. Stuart H. Prather Jr.
Augusta, Georgia

Dr. James Edward Pruett
Atlanta, Georgia

Dr. R. A. Pumpelly
Jesup, Georgia

Dr. Jerry G. Purvis
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Atlanta, Georgia

Dr. Wells Riley
Jonesboro, Georgia

Dr. Walter J. Revell
Louisville, Georgia

Mr. J. Mack Robinson
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Dr. John H. Robinson III
Americus, Georgia

Dr. E. A. Roper
Jasper, Georgia

Dr. S. I. Rosenthal
Savannah, Georgia

Mr. Donald M. Sahlman
Tampa, Fla.

Dr. Beverly B. Sanders
Macon, Georgia

Dr. L. Scharff
Gracewood, Georgia

Dr. Donald W. Schmidt
Cedartown, Georgia

Ms. Dorothy Schmidt
Augusta, Georgia

Dr. Meyer M. Schneider
Savannah, Georgia

Dr. John Schreeder
Chamblee, Georgia

Dr. George Sessions
Atlanta, Georgia

Mr. Harold I. Shapiro
Augusta, Georgia

Mr. I. D. Shapiro
Atlanta, Georgia

Dr. William C. Shirley
Macon, Georgia

Dr. Sanford A.Shmerling
Atlanta, Georgia

Ms. Anna May Silverman
Upper Saddle River, New Jersey

Dr. Sam A. Singal
Augusta, Georgia

Dr. Marvin E. Skelton
Savannah, Georgia

Dr. H. F. Smisson
Macon, Georgia

Dr. J. H. Smith
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Dr. Luther J. Smith
Columbus, Georgia

Dr. Samuel Smith
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Dr. David S. Sowell
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Dr. Melvin Spira
Houston, Texas

Mr. Tommy K. Stapleton
Douglas, Georgia

Dr. Henry E. Steadman
Atlanta, Georgia

Dr. David Steinberg
Jamaica, New York

Mr. & Mrs. Harry Steine
Augusta, Georgia

Mrs. W. P. Stevens
Macon, Georgia

Dr. David G. Stroup
East Point, Georgia

Dr. Evelyn Swilling
Macon, Georgia

Dr. Raymond Suarez
Macon, Georgia

Dr. Daniel B. Sullivan
Augusta, Georgia

Dr. James H. Sutherland
Augusta, Georgia

Mr. David Swann
Augusta, Georgia

Dr. & Mrs. Julian Swanns
Atlanta, Georgia

Dr. David Tanner
Savannah, Georgia

Dr. Donald R. Thomas
Dalton, Georgia

Dr. Allen Thurmond
N. Augusta, S.C.

Dr. Ralph Tillman
Lawrenceville, Georgia

Dr. William Tippins
Dunwoody, Georgia

Dr. Lawrence Tucker
Jacksonville, Florida

Dr. D. A. Turner
Albany, Georgia

Mr. Abbott Turner
Columbus, Georgia

Dr. J. Render Turner
LaGrange, Georgia

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Augusta, Georgia

Mrs. Margo Wolfe
Miami, Florida

Dr. Howard Yager
Atlanta, Georgia

Dr. L. C. Yeargin
Dalton, Georgia

# CLASS NOTES

## Deaths

Dentistry
Ralph C. Talman, '74, Atlanta

Medicine
Ruben Shirley O'Neal, '11, LaGrange
Hugh N. Bussey, '08, Tulsa, OK
Franklin P. Holder, '34, Eastman
Edwin D. Cochran, '39, Spartanburg, SC

## SCHOOL OF ALLIED HEALTH SCIENCES

### Medical Record Administration

**Beth Williams**, '78, Roanoke, Va. is director of medical records at Catawba (Va.) Hospital.

### Medical Technology

**Geraldine Hunnicutt**, '64, Keysville, was elected secretary of the Georgia Society for Medical Technology at the May annual meeting in Atlanta.

### Radiologic Technology

**Bryan H. Henderson**, '79, Newnan, entered the Peace Corps and is serving in Microasia, an island group in the Pacific Ocean.

## SCHOOL OF DENTISTRY

**David Dickey**, '78, has begun an endodontic residency at Louisiana State University.
**John Charles Dallas**, '78, opened his new office in Arlington. He and his wife, Nancy, have two children.

## SCHOOL OF MEDICINE

**William S. Boyd**, '42, Augusta, has received the honorary Doctor of Science degree from Newberry (S.C.) College.
**Calvin Jackson**, '45, president of the School of Medicine Alumni Association, is now a proud grandfather. Daughter Jill, had a baby girl June 12, 1979.
**Henry Wilder Smith**, '46, Swainsboro, was elected chief of staff at Emanuel County Hospital.
**John Deaton**, '50, Columbus, was named a fellow of the American College of Radiology.
**Joseph A. Blissit**, '56, McDonough, was appointed first chief of staff at Henry County General Hospital.
**Betty B. Wray**, '60, Augusta, has been elected a fellow in the American Academy of Allergy.
**Leslie L. Wilkes**, '65, Savannah, has been appointed to the clinical faculty of the Medical College of Georgia at their satellite faculty in Savannah
**James C. Pope**, '69, Carrollton, is in the private practice of vascular surgery with the Carrollton Surgical Group. He is on the staff of Tanner Memorial Hospital.
**Paul E. Stanton Jr.**, '69, Atlanta, was elected into membership in the Southern Association for Vascular Surgery. He also is a member of the International Cardiovascular Society.
**Albert M. Wall**, '69, Menio Park, Calif., has been appointed to the full time teaching staff of the Stanford University Medical School.
**Stephen N. Barnes**, '70, Macon, joined Walter A. Smith, '69 in the practice of orthopedic surgery at the Portland (Ore.) Clinic.
**Robert F. Ingram**, '71, Winder, is assistant professor of cardiology at the Medical College of Virginia, Richmond.
**William K. McCord**, '71, has opened his office, Shelter Island Pediatrics in San Diego, Calif.
**Fred Knickerbocker**, '72, Bristol, Va., was made a diplomate of the American Board of Orthopedic Surgery.
**Lawrence E. Lykins**, '72, Atlanta, has joined an urological practice in Gainesville. He and his wife, Sandra, have four children.
**Ronald N. Whitmire**, '73, opened a practice in otolarynology in Gainesville. He has been certified by the American Board of Otolaryngology.
**James I. Suit**, '73, is starting a solo practice in ophthalmology in La Grange.
**Arnold Berlin**, '74, appointed to clinical assistant professor of medicine at the University of Texas Medical School in Houston. He is an internist with Mac Gregor Medical Clinic.
**Walter J. Revell Jr.**, '74, will set up a practice of surgery in Louisville. He follows in the footsteps of both his grandfather and father, in the field of medical care in Louisville and Jefferson County.
**James R. Storey**, '74, received the resident's award for Excellence in Teaching form the senior medical class of the Medical College of Georgia.
**Roger W. Tinsley**, '74, announces the opening of his office in Syracuse, N.Y. His practice is limited to medical oncology.
**James G. Knight**, '75, has entered private practice in internal medicine in Charlottesville, Va., and is on the staff at Martha Jefferson Hospital.
**Jules Victor III**, '75, has joined his father in the practice of internal medicine in Savannah.
**Sidney Cochran**, '76, returned to Bainbridge to begin a general practice. He and his wife, Carol, have three children.
**Bruce S. Johnson**, is associated with two doctors in family practice in Elberton.
**Charles Whigham**, '78, has been assigned as the National Health Service Corp. physician for the Woodbine Community Health Center.

## SCHOOL OF NURSING

**Phoebe Rohrer**, Columbus, Ohio, fractured her hip on April 30th, but reports she is in good hands at the Wesley Glen Care Center.
**Chris Hamilton**, '59, MSN '74, has served as an Air Force reserve nurse with the 31st Aero-Medical Evacuation Squadron for 17 years. She is now director of nursing at Valley Community Hospital, Brownsville, Tex.
**JoAnn Pillon**, '76, is working as intensive care nurse at Memorial Hospital in Pautucket, R.I.
**Anne Turner**, '76, received her Masters in Nursing from Emory University in 1979. She is a clinical nurse specialist in the Diabetes Training and Research Center at Vanderbilt University, Nashville, Tenn.
**Reginia Verde Buford**, '77, married James Buford in 1978 and has been working at Grady Hospital, Atlanta, in the surgical intensive care unit.
**Paula Harrell**, '77, is a Delta flight attendant assigned to the Dallas/Ft. Worth flight base.
**Jay Woldy**, '77, is now attending the masters program in nursing administration at the University of Oregon Health Sciences Center, Portland.

# In Memoriam, Dr. Claude-Starr Wright

Whereas Doctor Claude-Starr Wright was a member of the Staff and Faculty of the Eugene Talmadge Memorial Hospital and the School of Medicine of the Medical College of Georgia for twenty-four years, and

Whereas he was a revered Physician and Teacher having been the recipient of the Excellence in Teaching Award from the Senior Class in 1966 and Sophomore Class in 1978, and

Whereas he was Chief of the Section of Hematology for twenty-two years and served as Professor of Medicine and Director of Education and Curriculum in the Department of Medicine for the last one and one-half years of his life, and

Whereas he was the author or co-author of one hundred and two scientific documents, and

Whereas he was the first Honor Graduate of the Medical College of South Carolina in 1942, was a member of Alpha Omega Alpha Scholastic Fraternity and the recipient of the Sesquicentennial Award from the Medical University of South Carolina as Distinguished Alumnus in 1974, and

Whereas he was recognized by students, residents, faculty and patients as a man of integrity, knowledge and compassion, giving of himself in support of the highest ideals of medicine and humanity,

Be it known that the Faculty of the School of Medicine of the Medical College of Georgia and the Staff of the Eugene Talmadge Memorial Hospital do recognize with great sorrow the death of Doctor Wright on June 12, 1979, and further expresses its sympathy to his wife, Louise, and to his five children, Starr, Mary, Henry, Caroline and James. We tender our sincere and deepest appreciation for the opportunity of association as friends and colleagues with Doctor Wright. His many contributions to our school will always be remembered.

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